

2016 • CAMP ARROWHEAD REGISTRATION FORM

TO REGISTER

- ☐ **Registration Form** completely filled out on **both sides** • **(ALL LINES ARE MANDATORY)**
- ☐ **Most Recent** (w/in 1 years of your child's last day of camp.) **Physical Printout from Doctor** including **Current Immunization Record**
- ☐ **Full Payment** -OR- ☐ **20% Payment (Non-refundable)** -OR- ☐ **Commitment letter from school and/or agency responsible for payment**
- NOTE: IN PERSON REGISTRATION ONLY.**

General Camper Data

- One Form for **Each** Camper
- Please fill out each line on form (If not applicable, place an N/A)

Name: _____ **Date of Birth** ____/____/____

Last First Middle Initial

Age (as of 7/1/16) _____ **M** ☐ **F** ☐ **Parent/Guardian E-mail Address** _____

Campers Address _____

Street Town State & Zip Telephone

Parents Address _____

(If Different) Street Town State & Zip Telephone

Parent/Guardian _____

Relationship To Camper Last First () Work # () Cell # **At Home** ☐

Relationship To Camper Last First () Work # () Cell # **At Home** ☐

Insurance Information:

Health Plan/HMO: _____

Policy or Group #: _____

Photographs/Publicity:

Please note that photos of your child may be used for various publicity medias. _____ Please initial (to show acknowledgement)

Emergency Contact(s) Other Than Parent:

(Mass. Dept. of Public Health Requires **2 Emergency** Contacts)

Name: _____ **Telephone #:** () _____

Relationship _____

Name: _____ **Telephone #:** () _____

Relationship _____

☐ **I have read the Policies and Procedures and will follow accordingly.**

Session(s) Desired (Please Circle)							Cost	
Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Transportation to camp	Applying for Residential	
6/28 - 7/1 <small>NO CAMP JUNE 27</small>	7/5 - 7/8 <small>NO CAMP JULY 4</small>	7/11 - 7/15	7/18 - 7/22	7/25 - 7/29	8/1 - 8/5	Natick Residents Only Circle Session(s) 1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Optional donation for financial aid for the disabled and financially needy of \$1.00 \$ _____

Make Checks Payable to:

TOWN OF NATICK

Total Cost \$ _____

A \$25.00 fee will be charged for all returned checks

PLEASE FILL OUT THE PAYMENT RESPONSIBILITY FORM INCLUDED IN THIS PACKET

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Camper Profile

Please complete all items below. Place an "N/A" in the sections that do not apply.

Allergies: Food/Drugs/Insect/Animal _____

Diagnosis/Diagnoses _____

Medications* _____

School/Employment Program _____ Phone _____ Grade _____

Special Needs Teacher/Liaison _____ May We Contact This Person? Y ☐ N ☐

Emotional/Behavioral Supports _____

Intervention Suggestions _____

Methods of Communication _____

Other Medical/Physical Needs _____

Recreational Goals, Interests, Etc. _____

Camper Requires or Uses:

☐ Needs Assistance Feeding ☐ AFO's ☐ Crutches ☐ Wheel Chair/Stroller ☐ Prosthesis ☐ Walker

☐ Splint ☐ Hearing Aid ☐ Other (i.e., earplugs, etc.) _____

Is camper able to keep track of his/her equipment? _____

Is camper toilet trained? Yes ☐ No ☐ If no, please describe preferred procedures _____

Menstruation? Yes ☐ No ☐ If yes, Independent? Yes ☐ No ☐

Swimming Ability ☐ Beach/Dock Only ☐ Shallow ☐ Deep Water (Camper will be tested)

Shirt Size _____

MEDICATION AUTHORIZATION FORM MUST BE FILLED OUT AND RETURNED BY MAY 30, 2016.

Parental/Guardian Consent, Release from Liability and Indemnity Agreement

On behalf of my camper, a minor, I hereby consent to my camper's participation in voluntary athletic, recreation programs or extra-curricular activities of the Town/City and/or Public Schools of Natick (hereinafter "the Town/City").

I/We also agree to forever RELEASE the Town/City, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Natick, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation programs or extra-curricular activities of the Town/City or Public Schools ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my camper or property damage resulting from my campers participation in the said Town/City and/or Public School's voluntary athletic, recreation program or extra-curricular activity which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor camper and which said minor camper has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my camper or property damage resulting from my campers participation in the Town/City and/or Public Schools of Natick voluntary athletic, recreation programs or extra-curricular activities or administration of first aid.

I/We further affirm that I/We have read this Parental Consent, Release From Liability And Indemnity Agreement, and that I/We understand the contents of this Agreement. I/We understand that my camper's participation in these programs is voluntary and that my camper and I/We are free to choose not to participate in said programs. By signing this agreement, I/We affirm that I/We have decided to allow my camper to participate in the Town/City and/or Public School's athletic, recreation programs or extra-curricular activities with full knowledge that the Releasees will not be liable to anyone for personal injuries and/or property damage my camper or I/We may suffer in the voluntary Town/City and/or Public School athletic, recreation programs or extra-curricular activities.

I realize injuries can occur from participation in sports and other activities. Should my camper be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

I understand that every reasonable attempt will be made to contact me in an emergency.

Signature _____ Date _____
(Parent or Guardian)